Date: May 19, 1994 BQC #94-033

To: Nursing Homes NH 20
Facilities for the Developmentally Disabled FDD 14
Hospitals HOSP 11
Ambulatory Surgical Centers ASC 2

From: Judy Fryback, Director

Bureau of Quality Compliance

Subject: Life Safety Code Regional Program Letter No. 94-02 on Locked Doors

Enclosed are copies of Life Safety Code Regional Program Letter No. 94-02 and a letter from Mayer D. Zimmerman of the Health Care Financing Administration's Health Standards and Quality Bureau. The Life Safety Code (LSC) Regional Program Letter 94-02 communicates an update of a previous interpretation dealing with locked doors. In addition, we are enclosing a response from Mayer D. Zimmerman, LSC Specialist, to a question we posed about Regional Program Letter No. 94-02.

Regional Program Letter No. 94-02 allows more latitude in the use of locked doors for units used exclusively for Alzheimer's patients. Please note, however, that a waiver of HSS 132.83(3)(e)1 will still be needed. The Bureau policy on a determination of a locked unit will remain. If a unit has all the doors locked, then all the residents will have to be under court placement in order to be in compliance with Chapter 55 of the Wisconsin Statutes.

We suggest that you contact your engineer surveyor if you wish to alter some of the previously approved security systems on your exit doors.

Please share this information with the appropriate staff. Direct any questions you may have to Stephen D. Schlough, P.E., Chief, Hospital and Health Services Section at (608) 266-3878.

JF/SDS/jjf 12487.nm

Enclosures

cc: -BQC Staff

-Office of Legal Counsel -Ann Haney, DOH Admin. -Kevin Piper, BHCF Dir.

-HCFA, Region V

-Illinois State Agency

-Ohio State Agency

-Michigan State Agency

-Indiana State Agency

-Minnesota State Agency-WI Coalition for Advocacy

-Serv. Employees Intn'l Union

-WI Counties Assn.

-WI Health Info. Mgmt. Assn.

-WI Assn. of Homes & Serv/Aging

-St. Med. Society (Comm. Aging . . .)

-WI Health Care Association -WI Assn. of Medical Directors

-Admin., Division of Care and Treatment

Facilities

-WI Assn. of Hospital SW and Discharge

Planners

-Bd. on Aging & Long Term Care

-Bur. of Design Prof., DRL

-WI Hospital Association

-LTC BQC Memo Subscribers

-Non-LTC BQC Memo Subscribers

-Mark Bunge, BPH

-Renal Dialysis Network

-Wis. Surgery Ctr. Assn.

Department of Health & Human Services Health Care Financing Administration Region V 105 West Adams Street 15th Floor Chicago, Illinois 60603-6201

Refer to: CR24

March 1994

LIFE SAFETY CODE REGIONAL PROGRAM LETTER NO. 94-02

Subject: Locked Doors

The purpose of this program letter is to transmit a Life Safety Code (LSC) interpretive update with respect to locked doors. To continue our efforts to assure consistent application of the LSC requirements across our region, please share the enclosed update with your Fire Authorities and relevant State surveyor staff.

If you have any questions, please contact our Regional Engineer, Winston Dawson, at (312) 353-2852.

/s/ Winston Dawson Regional Engineer Survey & Certification Review Branch Division of Health Standards & Quality /s/ Charles Bennett Branch Chief Survey & Certification Review Branch Division of Health Standards & Quality

Enclosure

Department of Health & Human Services Health Care Financing Administration 6325 Security Boulevard Baltimore, MD 21207

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Chief
Hospital and Health Services Section
Bureau of Quality Compliance
State of Wisconsin
Department of Health and Social Services
Division of Health
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Madison, Wisconsin 53701-0309

Dear Mr. Schlough (Steve):

This is in response to your letter of March 23 in which to requested clarification of Life Safety Code (LSC) Interpretive Guidelines, I-13-38.1 regarding electromagnetic locks. You specifically inquired about whether this interpretation is applicable to persons with Alzheimers disease. The answer is yes.

It was always the intent of the Committee on Health Care Occupancies to permit the locking of patients in health care facilities whose medical condition or status required that they be restrained or that their movement from the health care facility be restricted.

Section 13-1.1.1.7 of the 1985, 1991 and the 1994 LSC uses the term "certain types of patients". Section 13-2.11.1 of the 1985 LSC uses the term "mental health patients". The term "mental health patients" was changed for the 1988 LSC and the change carried forward to the 1991 and 1994 LSC in section 13-2.2.2.4. Exception No. 1 now reads as follows:

"Door locking arrangements shall be permitted in health care occupancies or portions of health care occupancies where the clinical needs of the patients require specialized security measures for their safety provided keys are carried by staff at all times. . . "

In rewriting this provision for the 1988 LSC, the Committee attempted to utilize a generic term to include the various conditions, diseases, infirmities, and disabilities present in persons in health care occupancies to cover all possible instances where patient egress may be restricted while using politically correct terminology. At our first meeting for the 1988 LSC in Nashville in 1986, we came up with the phrase "where clinical needs of the patient require. . . ." to replace the term "mental patients".

In writing our interpretations in Interpretive Guideline I-13-38.1, we referred to "Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) and psychiatric hospitals" in one case, and to "persons with special needs (i.e. persons in ICFs/MR, persons with Alzheimer's Disease)" in another. All the interpretations in I-13-38.1 are intended to refer to all patients who require special measures. We faced the same challenge in writing the interpretations as we did as a member of the Committee on Health Care Occupancies. We did not wish to repeat each type of patient or each medical condition each time but had to find a generic term which was all-inclusive as well as politically correct.

If you have any further questions, please give me a call at (410) 966-6839.

Sincerely, /s/ Mayer D. Zimmerman, M.S. Life Safety Code Specialist Specialty Long Term Care Service Health Standards and Quality Bureau